

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**

1600 9th Street, Room 420 ~ Sacramento, California 95814

107 South Broadway, Room 7106 ~ Los Angeles, California 90012

Phone (916) 654-3362

Phone (213) 897-0166

www.oshpd.state.ca.us/fdd

FAX (916) 654-2973

FAX (213) 897-0168 (LA/Orange Co's Only)

**Application for Seismic Evaluation Report and/or Compliance Plan Review**

A	Name of Facility:		OFFICE USE ONLY		
	Address - Street:				
	City:	County:		Zip:	
	Administrator:		Phone:	SUBMITTAL	
	Legal Owner:		Phone:		
	Address - Street:		<input type="checkbox"/> Seismic Evaluation Report <input type="checkbox"/> Compliance Plan		
	City:	State:			Zip:
B Type of Project: <input type="checkbox"/> Seismic Evaluation Report <input type="checkbox"/> Compliance Plan			OSHPD RECEIPT STAMP		
C Application Submitted by:					
Name:					
Signature:					
Title:					
Address:					
City:				State:	Zip:
Phone #:				FAX #:	
Who is to be known as: <input type="checkbox"/> Legal Owner/Administrator <input type="checkbox"/> Agent for the Legal Owner/Administrator (Authorization must be attached)					
D	Fee Submittal:				
	1. Filing Fee..... \$250.00				
	Method of Payment:				
	<input type="checkbox"/> Check – Made payable to OSHPD <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express				
	Account Number: _____ Expiration Date: _____ Cardholder Signature: _____				

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**Application for Seismic Evaluation Report and Compliance Plan Review**

E	Name of Facility (from front page):	OSHDP #
F	Enclosed with this application are the following documents: <input type="checkbox"/> Filing Fees (See Page 1, D) Seismic Evaluation <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Seismic evaluation report (8 1/2" X 11") <input type="checkbox"/> Plans </div> <input type="checkbox"/> Geotechnical / Geohazards report D Date Sent: _____ Compliance Plan <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Compliance plan (8 1/2" X 11") <input type="checkbox"/> Plans </div> Date Sent: _____ (Only if submitted separately from the evaluation report) Compliance Plan Extension Request ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned Date of Submission (<i>No Later than January 1, 2002</i>) : _____ Other <input type="checkbox"/> _____ <input type="checkbox"/> _____	
G	Seismic Evaluation Report and Compliance Plan prepared by the following: Check which discipline is in general responsible charge of the project <input checked="" type="checkbox"/>	
Architect – Firm: <input type="checkbox"/>		
Individual Responsible:		Reg. #:
Alternate:		Reg. #:
Address:		Phone #:
City:	State:	Zip: FAX #:
Structural Engineer – Firm: <input type="checkbox"/>		
Individual Responsible:		Reg. #:
Alternate:		Reg. #:
Address:		Phone #:
City:	State:	Zip: FAX #:
Geotechnical / Geohazards Report – Firm: <input type="checkbox"/>		
Geotechnical Engineer – Soils:		Reg. #:
Engineering Geologist:		Reg. #:
Address:		Phone #:
City:	State:	Zip: FAX #:

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**INSTRUCTIONS FOR
SEISMIC EVALUATION REPORT
AND/OR COMPLIANCE FOR PLAN REVIEW
(OSH-FDD-383)**

Do not write in Office Use Only area on this application.

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable). Enter name and phone number of the facility administrator. Enter the name of the legal owner, address and phone number.
- B Title of project – check whether the application includes a seismic evaluation, compliance plan, or both.
- C This application for evaluation or compliance plan submittal and review is to be signed by the legal owner or administrator of the facility, or authorized agent. Indicate in the appropriate boxes the name, signature, title, address, phone number, city, state, zip and fax number of the applicant.
- D Fee - The fee for joint submittal of the Seismic Evaluation and Compliance Plan is \$250.00 (nonrefundable). If the Seismic Evaluation and the Compliance Plan are submitted separately, an additional nonrefundable fee of \$250 is required. All fees, plans and reports shall be submitted by the applicant to OSHPD's Facilities Development Division at the following address:

Office of Statewide Health Planning & Development
Facilities Development Division
1600 9th Street, Room 420
Sacramento, California 95814

The applicant shall be billed for the costs of all Seismic Evaluation and Compliance Plan review and approval performed by OSHPD at OSHPD's actual cost for engineering and architectural review. The applicant shall be reimbursed for these costs when the construction documents for the compliance plan work are submitted to OSHPD for review. The reimbursement shall be in the form of a deduction from the total cost for review of the construction documents by the amount paid by the applicant for review and approval of the Seismic Evaluation Report and Compliance Plan.

- E Enter the name of the facility from Section A on Page 1.
- F Indicate the documents enclosed on application form.
- G For each discipline, provide the name of the individual in responsible charge of the project, his/her registration number, an alternate person to contact, his/her registration number, the address, phone number, city, state, zip code and fax number for the firm. Additionally, check the box for the discipline, which is in general responsible charge of this project.